



REFRIGERATED CARRIERS  
ABN: 31 190 711 430

**F & S Romero Pty Ltd**

PO Box 709

Sydney Markets NSW 2129

Ph: (02) 9764 5855

Fax: (02) 9764 5844

Email: [admin@betterlogistics.com.au](mailto:admin@betterlogistics.com.au)

[www.betterlogistics.com.au](http://www.betterlogistics.com.au)

### **CREDIT ACCOUNT APPLICATION FORM**

Company name: \_\_\_\_\_

ABN: \_\_\_\_\_

Trading name: \_\_\_\_\_

Registered office of company: \_\_\_\_\_

Place of business (street address): \_\_\_\_\_

Account Postal Address:  
(If different from above) \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Account contact: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Anticipated monthly expense: \_\_\_\_\_

Full Name and Address of Director(s):  
Surname \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address: \_\_\_\_\_

Ph: \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address: \_\_\_\_\_

Ph: \_\_\_\_\_



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### TRADE REFERENCES

1. Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph no: \_\_\_\_\_  
Fx no: \_\_\_\_\_  
Contact: \_\_\_\_\_
2. Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph no: \_\_\_\_\_  
Fx no: \_\_\_\_\_  
Contact: \_\_\_\_\_
3. Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph no: \_\_\_\_\_  
Fx no: \_\_\_\_\_  
Contact: \_\_\_\_\_

*We understand that the trading terms are strictly fourteen days and we undertake to pay all accounts according to these terms, realising that failure to do so will automatically suspend the account until brought into current trading terms*

*I \_\_\_\_\_ certify that I am authorised to sign this form on behalf of the above and that all information given is true and correct.*

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please send completed forms to:*

*Fax: (02) 9764 5844 or Email: [accounts@betterlogistics.com.au](mailto:accounts@betterlogistics.com.au)*